EXHIBIT Z

Estate of Charles Jones

VCF Documentation

September 11th
Victim Compensation Fund

March 13, 2017

LEIGH ANNE JONES
[redacted]

Dear LEIGH ANNE JONES:

The September 11th Victim Compensation Fund ("VCF") has reviewed your Eligibility Form. Your claim number is VCF0018663. Your Eligibility Form was determined to be substantially complete on March 10, 2017. As stated in the regulations and on the claim form, by filing a substantially complete Eligibility Form you have waived your right to file or be a party to a September 11th-related lawsuit.

The Decision on your Claim

The VCF has determined that you meet the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, you have been found eligible for the following injuries:

- ESOPHAGEAL REFLUX AND RELATED PHYSICAL CONDITIONS: BARRETTS ESOPHAGUS
- MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED SITE
- OTHER CHRONIC BRONCHITIS
- SIMPLE CHRONIC BRONCHITIS

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

What Happens Next

If you have been certified for treatment by the WTC Health Program for a condition not listed above, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.

September 11th
Victim Compensation Fund

If you believe you have eligible injuries not treated by the WTC Health Program and you would like the VCF to consider those injuries before calculating your award, you should amend your claim. If you choose to amend your claim, you will need to use the VCF Private Physician process. The Private Physician process is a way for the VCF to gather the required information about your treatment in order to process your claim. All forms are available on the www.vcf.gov website under "Forms and Resources." The website also includes detailed information and instructions on the Private Physician process.

If you do not have injuries other than those listed above, you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: BETH N. JABLON

September 11th
Victim Compensation Fund

August 12, 2020

LEIGH ANNE JONES
[redacted]

Re: CLAIM NUMBER: VCF0018663

Dear LEIGH ANNE JONES:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on May 08, 2018 notifying you of the decision on your claim and the amount of your award. That letter included a request for documents that were missing from your claim and are required in order to process your payment. The VCF has since received the requested documents and this letter provides the details of your award and information on the next steps to be taken on your claim.

After reviewing the responses in your claim form, the documents you submitted in support of your claim, and information from third-party entities, the VCF has calculated the amount of your award as [redacted]. This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

The VCF did not award loss of earnings prior to death. You claimed the Victim lost overtime opportunities from May 2012 until the date of death. If you choose to amend, please submit a Temporary Past Loss Worksheet with supporting documentation.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

What Happens Next

The VCF will deem this award to be final and will begin processing the full payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization

document you submitted to the VCF.

- **Appealing the Award**: You may request a hearing before the Special Master or her designee if you believe the amount of your award was erroneously calculated, or if you believe you can demonstrate extraordinary circumstances indicating that the calculation does not adequately address your loss. **If you choose to appeal, your payment will not be processed until your hearing has been held and a decision has been rendered on your appeal**.

  To appeal the award, you must complete two steps by the required deadlines:

  1. Complete and return the enclosed **Compensation Appeal Request Form** within **30 days from the date of this letter**. Follow the instructions on the form and upload it to your claim or mail it to the VCF by the required deadline. If you do not submit your completed Compensation Appeal Request Form within 30 days of the date of this letter*, you will have waived your right to an appeal* and the VCF will begin processing any payment due on your claim.
  2. Complete and submit your **Compensation Appeal Package** (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than **60 days from the date of this letter**. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under "Frequently Asked Questions" and in the Policies and Procedures available under "Forms and Resources."

  Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

- **Notifying the VCF of new Collateral Source Payments**: You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the "Collateral Offset Update Form" found under "Forms and Resources" on the www.vcf.gov website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0018663**. For the hearing impaired, please call 1-

September 11th
Victim Compensation Fund

855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: WENDELL TONG

September 11th
Victim Compensation Fund

Award Detail

Claim Number: VCF0018663
Decedent Name: CHARLES JONES

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
Lost Earnings and Benefits	
Loss of Earnings including Benefits and Pension	$0.00
Mitigating or Residual Earnings	$0.00
Total Lost Earnings and Benefits	$0.00
Offsets Applicable to Lost Earnings and Benefits	
Disability Pension	$0.00
Social Security Disability Benefits	$0.00
Workers Compensation Disability Benefits	$0.00
Disability Insurance	$0.00
Other Offsets related to Earnings	$0.00
Total Offsets Applicable to Lost Earnings	$0.00
Calculated Lost Earnings and Benefits after Offsets	$0.00
Total Lost Earnings and Benefits Awarded	$0.00
Other Economic Losses	
Medical Expense Loss	$0.00
Replacement Services	$0.00
Total Other Economic Losses	$0.00
Total Economic Loss	$0.00
Total Non-Economic Loss	[redacted]
Subtotal Award for Personal Injury Claim	[redacted]

September 11th
Victim Compensation Fund

DECEASED CLAIM (Losses from Date of Death)	
Loss of Earnings including Benefits and Pension	[redacted]
Offsets Applicable to Lost Earnings and Benefits	
Survivor Pension	[redacted]
SSA Survivor Benefits	[redacted]
Worker's Compensation Death Benefits	$0.00
Other Offsets related to Earnings	$0.00
Total Offsets Applicable to Loss of Earnings and Benefits	[redacted]
Calculated Lost Earnings and Benefits after Offsets	[redacted]
Total Lost Earnings and Benefits Awarded	$0.00
Other Economic Losses	
Replacement Services	[redacted]
Burial Costs	[redacted]
Total Other Economic Losses	[redacted]
Total Economic Loss	[redacted]
Non-Economic Loss	
Non-Economic Loss - Decedent	[redacted]
Non-Economic Loss - Spouse/Dependent(s)	[redacted]
Total Non-Economic Loss	[redacted]
Additional Offsets	
Social Security Death Benefits	[redacted]
Life Insurance	[redacted]
Other Offsets	[redacted]
Total Additional Offsets	[redacted]
Subtotal Award for Deceased Claim	[redacted]

September 11th
Victim Compensation Fund

Subtotal of Personal Injury and Deceased Claims	[redacted]
PSOB Offset	[redacted]
Prior Lawsuit Settlement Offset	$0.00
TOTAL AWARD	[redacted]
Factors Underlying Economic Loss Calculation	
Annual Earnings Basis (without benefits)	[redacted]
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	

Eligible Conditions Considered in Award
Esophageal Reflux and Related Physical Conditions: Barretts Esophagus
Malignant Neoplasm of Esophagus Unspecified Site
Other Chronic Bronchitis
Simple Chronic Bronchitis

DOH-1961 (8/2011)

NEW YORK STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRAR NUMBER: 282

RESIDENCE

NCHS

DECEDENT

1. NAME: FIRST: Charles | MIDDLE: L. | LAST: Jones III
2. SEX: MALE ☒ 1 | FEMALE ☐ 2
3A. DATE OF DEATH: MONTH 01 | DAY 29 | YEAR 2013
3B. HOUR: 7:55P
4A. PLACE OF DEATH (Check one): HOSPITAL DOA ☐ | HOSPITAL ER ☐ | HOSPITAL OUTPATIENT ☐ | HOSPITAL INPATIENT ☒ | NURSING HOME ☐ | PRIVATE RESIDENCE ☐ | HOSPICE FACILITY ☐ | OTHER (Specify) ☐
4B. IF FACILITY, DATE ADMITTED: MONTH 01 | DAY 29 | YEAR 2013
4C. NAME OF FACILITY: (If not facility, give address) Southside Hospital
4D. LOCALITY: (Check one and specify) CITY ☐ | VILLAGE ☐ | TOWN ☒ Islip
4E. COUNTY OF DEATH: Suffolk
4F. MEDICAL RECORD NO.: 04340006
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☒ | YES ☐
5. DATE OF DEATH: MONTH [redacted] | DAY [redacted] | YEAR [redacted]
6A. AGE IN YEARS: 50 yrs.
6B. IF UNDER 1 YEAR ENTER: months | days
6C. IF UNDER 1 DAY ENTER: hours | minutes
7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) West Islip, New York
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO ☒ 0 | YES ☐ 1
9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino.
A ☒ No, not Spanish/Hispanic/Latino | B ☐ Yes, Mexican, Mexican American, Chicano | C ☐ Yes, Puerto Rican | D ☐ Yes, Cuban | E ☐ Yes, Other Spanish/Hispanic/Latino (Specify)
10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be:
A ☒ White/Caucasian | B ☐ Black or African American | C ☐ Asian Indian | D ☐ Chinese | E ☐ Filipino | F ☐ Japanese | G ☐ Korean | H ☐ Vietnamese | J ☐ Native Hawaiian | K ☐ Guamanian or Chamorro | M ☐ Samoan | N ☐ American Indian or Alaska Native (specify) | P ☐ Other Asian (specify) | R ☐ Other Pacific Islander (specify) | S ☐ Other (specify)
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death.
1 ☐ ≤ 8th grade | 2 ☐ 9th-12th grade; no diploma | 3 ☐ High school graduate or GED | 4 ☐ Some college credit, but no degree | 5 ☐ Associate's degree | 6 ☒ Bachelor's degree | 7 ☐ Master's degree | 8 ☐ Doctorate/Professional degree
12. SOCIAL SECURITY NUMBER: [redacted]
13. MARITAL STATUS: NEVER MARRIED ☐ 1 | MARRIED ☒ 2 | WIDOWED ☐ 3 | DIVORCED ☐ 4 | SEPARATED ☐ 5
14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated. Leigh Anne Norris
15A. USUAL OCCUPATION: (Do not enter retired) Fireman
15B. KIND OF BUSINESS OR INDUSTRY: Fire Fighting
15C. NAME AND LOCALITY OF COMPANY OR FIRM: FDNY
16A. RESIDENCE: (State or Country if not USA) [redacted]
16B. County or Region if not USA: [redacted]
16C. LOCALITY: (Check one and specify) CITY ☐ | VILLAGE ☐ | TOWN ☒ [redacted]
16D. STREET AND NUMBER OF RESIDENCE: [redacted]
16E. ZIP CODE: [redacted]
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES ☐ | NO ☒ | IF NO, SPECIFY TOWN: [redacted]

PARENTS

17. BIRTH NAME OF FATHER / PARENT: FIRST unavailable | MI | LAST
18. BIRTH NAME OF MOTHER / PARENT: FIRST Patricia | MI A. | LAST Munson

19A. NAME OF INFORMANT: Leigh Anne Jones
19B. MAILING ADDRESS: (Include zip code) [redacted]

DISPOSITION

20A. BURIAL ☒ 1 | CREMATION ☐ 2 | REMOVAL ☐ 3 | HOLD ☐ 4 | DONATION ☐ 5 | ENTOMBMENT ☐ 6 — MONTH 02 | DAY 02 | YEAR 2013
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: St. Lawrence Cemetery
20C. LOCATION: (City or town and state) Sayville, New York
21A. NAME AND ADDRESS OF FUNERAL HOME: Raynor & D'Andrea F.H. 245 Montauk Hwy W.Sayville, New York 11796
21B. REGISTRATION NUMBER: 01438
22A. NAME OF FUNERAL DIRECTOR: Thomas Farraher
22B. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22C. REGISTRATION NUMBER: 13069
23A. SIGNATURE OF REGISTRAR: Olga H Murray
23B. DATE FILED: MONTH 02 | DAY 01 | YEAR 2013
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Olga H Murray
24B. DATE ISSUED: MONTH 02 | DAY 01 | YEAR 2013

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

CERTIFIER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: Mason Charles MD | License No.: 258527 | Signature: Mason Charles | Month 1 | Day 30 | Year 2012
Certifier's Title: 0 ☒ Attending Physician | 0 ☐ Physician acting on behalf of Attending Physician | 1 ☐ Coroner | 2 ☐ Medical Examiner / Deputy Medical Examiner | Address: 301 E main Street Bayshore NY
25B. If coroner is not a physician, enter Coroner's Physician's name & title: | License No.: | Signature: | Month | Day | Year
25C. If certifier is not attending physician, enter Attending Physician's name & title: | License No.: | Address:
26A. Attending physician attended deceased: FROM Month 1 | Day 29 | Year 2012 TO Month 1 | Day 29 | Year 2012
26B. Deceased last seen alive by attending physician: Month 1 | Day 29 | Year 2012
26C. Pronounced Dead ON Month 1 | Day 29 | Year 2012 AT Time 7:55P M
27. MANNER OF DEATH: NATURAL CAUSE ☒ 1 | ACCIDENT ☐ 2 | HOMICIDE ☐ 3 | SUICIDE ☐ 4 | UNDETERMINED CIRCUMSTANCES ☐ 5 | PENDING INVESTIGATION ☐ 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☐ NO | 1 ☐ YES
29A. AUTOPSY? NO ☐ 0 | YES ☐ 1 | REFUSED ☐ 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 ☐ NO | 1 ☐ YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE:
(A) Respiratory failure
DUE TO OR AS A CONSEQUENCE OF:
(B) End stage Esophageal Carcinoma.
DUE TO OR AS A CONSEQUENCE OF:
(C)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):
DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☐ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☐ UNKNOWN

31A. IF INJURY, DATE: MONTH | DAY | YEAR — HOUR:
31B. INJURY LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE OF INJURY:
31E. INJURY AT WORK? NO ☐ 0 | YES ☐ 1
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 ☐ Driver/Operator 2 ☐ Passenger 3 ☐ Pedestrian 4 ☐ OTHER (specify)
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO ☐ 0 | YES ☐ 1
33A. IF FEMALE: 0 ☐ Not pregnant within last year | 1 ☐ Pregnant at time of death | 2 ☐ Not pregnant, but pregnant within 42 days of death | 3 ☐ Not pregnant, but pregnant 43 days to 1 year before death | 4 ☐ Unknown if pregnant within past year
33B. DATE OF DELIVERY: MONTH | DAY | YEAR

For use by physician or institution:
NAME OF DECEDENT: Charles Jones
DATE OF DEATH:
AM/PM
TIME OF DEATH:

Family Member Affidavits

Leigh Anne Jones

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

---------- X

In Re:

TERRORIST ATTACKS ON SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

---------- X

RAYMOND ALEXANDER, et al.,

AFFIDAVIT OF LEIGH ANNE JONES

Plaintiffs,

21-CV-03505 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

---------- X

STATE OF NEW YORK)
: SS
COUNTY OF SUFFOLK)

LEIGH ANNE JONES, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at [redacted]

2. I am currently 55 years old, having been born on [redacted]

3. I am the wife of Decedent, Charles Jones, upon whose death my claims are based. I submit this Affidavit in support of the present motion for a default money judgement for the claim made on behalf of my husband's estate and for my solatium claim. On June 3, 2014, I was issued Letters Testamentary as Executrix of my husband's estate by the Suffolk County Surrogate's Court.

4. My husband passed away from metastatic esophageal cancer on January 29, 2013, at the age of 50. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. Chuck and I had a wonderful life together. We enjoyed each other's company tremendously and always loved spending time together. Chuck was a firefighter, so our time together was precious. We loved raising our 3 children together. He coached them in every sport: soccer, basketball, football, and ice hockey. My children were never the same after he died. They quit sports and became introverted. Some friendships were even lost. We travelled as a family and Chuck was always the life of the party. He organized our family trips to Lake George and Disney. All we have now are pictures and videos. The joy and fun were sucked out of our lives when Chuck died.

6. Chuck was a firefighter for the FDNY. On the day of 9/11, we were on a trip to Cape Cod. We heard of the tragedy while on the ferry. Chuck proceeded to drive the kids and me to the Cape, then he immediately turned around and when to the firehouse. He stayed there for 2-3 weeks to work on the pile. I couldn't even call him those first few days, as no calls were getting through to the city. He later said how they tried to stay covered and masked but would of course have to lower the mask to eat. I feel that is how he became exposed to the toxins.

7. Chuck started having trouble swallowing in June of 2012. He had an upper endoscopy performed with a biopsy and we were soon told he had stage 3 esophageal cancer. To say we were shocked doesn't do it justice. Chuck was always so fit and healthy; it was so hard to believe. For six months, he had radiation, chemotherapy and also a horrific operation to cut most of his esophagus. After that, he had a feeding tube and was told he would be on chemo for the rest of his life. I could go on and on about how horrific his quality of life was, but he succumbed to his cancer on January 29, 2013, after losing 50 pounds.

8. My life and my children's lives were forever changed in the worst possible way after Chuck died. We lost our anchor. How does one describe how three children survive after the person they love and idolize just disappears? There are no words. We think about and mourn him every day.

Leigh Anne Jones

LEIGH ANNE JONES

Sworn before me this

21st day of July, 2023

Laura Tavoulareas

Notary public

LAURA TAVOULAREAS
NOTARY PUBLIC STATE OF NEW YORK
NO. 01TA6134128
QUALIFIED IN SUFFOLK COUNTY
COMMISSION EXPIRES SEPT. 26. 2025